The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate
Permit 16. Ward Office of Registrar of Vital Statistics. Ward 6
Permit to 1460 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, are arately filled on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 18th 1887
Full Name of Deceased, { Write legibly and spell correctly. It an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line.}

Sex, Male or Female		•		, n
Age,	Years,	0	Months,	Days
Color,		White		
Married, Single, Wid	$low\ or\ Widower, \{^{ ext{Cross o}}_{ ext{require}}\}$	ut the words not }		· /
Occupation,				1
Birth Place, State or coulong in the if of foreign	ntry, and how) United States, }		bily	y
Duration of Residen	ce in the City of Ba	ltimore,		
Place of Death, {Give S	Street and }	9075	Mourem	and M
Cause of Death, $\left\{egin{array}{l} ext{Fi} \\ ext{Se} \end{array} ight.$	rst (Primary),cond (Immediate),	bhor	Exchens.	tim
All the above information sh	ckness,ould be furnished by the Physician.		Be rocks	
Place of Burial,	altimore Co	meley		
Date of Burial, (Undertaker, Held	uly 19# 180	45 /	hu aya	M. D
Place of Business	# 413 8, Hayer	L'Address,	19375 10	tenun ut h

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Department Out of Balt Office of Registrar of Yilal Statistics. Permit No. The Physician who attended any person in a last illness, the specifible for the presentation of this Certificate, according filled out, to the Undertaker or other person superintending the burial, within twenty-free though after the death of said deceased, or sooner, if requested so to do, under penalty of law requested so to do, under penalty of law.

No Permit for Burial can BE OBJETVED WITHOUT A PROPER CERTIFICATE. Date of Death,_ Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell} \\ \text{not named, give names} \end{array}\} \] Sea, Male or Female, (Cross out the word not) Months. Days. Age, Color, Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation, 13 acro Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Bealth Bepartment, City of Baltimore.			
Permit No. 14/2 Office of Begistrup of Vital Statistics. Ward			
The Physician who attended any person in a kee illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the nay four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.			
CERTIFICATE OF DEATH.			
Date of Death,			
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.			
Sex, Male or Female, {Cross out the word not }			
Age, Years, Months, Days.			
Color, African			
Married, Single, Widow or Widower; {Cross out the words not }			
Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,			
Duration of Residence in the City of Baltimore,			
Place of Death, {Give Street and } #506 Cross AC,			
Cause of Death, { First (Primary), Second (Immediate), Marasmus			
Duration of Last Sickness, All the above information should be furnished by the Physician.			
Place of Burial & harp Cometer			
Date of Burial, July 18 18 1 C Jenning ton M D			
(Undertaker, & Medical Attendant.			
Place of Business, 6 41 howard Address, 406 mulberry sh			
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.			

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Department, City of

rermit No. 12700 Office of Registrar of Fital Statistics. Wald	ed out
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately fills to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soon	er, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained Mithour a Proper Certificate.	1
CERTIFICATE OF DEATH.	
Date of Death, 14 18 18 18 18 18 18 18 18 18 18 18 18 18	
Full Name of Deceased, {Write legibly and field correctly. If an Idiant not named, give hames of parents.	
Sex, Male or Female, {Cross out the word not }	
	ays.
Color, While	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, }	
Duration of Residence in the City of Baltimore Cll har life	
Place of Death, {Give Street and } 933 Harring 1	
First (Primary),	
Cause of Death, Second (Immediate), Chlora Surfaution	
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, London Park Cemelery	
Date of Burial, July 19 1987	
	. D.
	2
Place of Business, 1/5 West SV, Address J/8 Care	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Beatin Bepariment, Giry of Battimore.	
Permit No. 1414 Office of Registrar of Vital Statistics. Ward 18	_
The Physician who attended any person in a just illness, is responsible for the presentation of this Certificate, accurately fille to the Undertaker or other person superintending the burial, within twenty four lowers after the death of said deceased, or soon	d out, er, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	-
CEDTIFICATE OF DEATH	
CERTIFICATE OF DEATH.	
Date of Death, I my /6 4 /60/wil	
Full Name of Deceased, Write logity and spell or named, give names Henry	
Sex, Male or Female, {Cross out the word not }	
Age, /8 Years, Months, D	ays.
Color, Phile	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, Lawlor V	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, The lime	
Place of Death, {Give Street and } 628 Right M.	
(First (Primary), Thisis Julmonales	
Cause of Death, { First (Primary), Schlisis Julmonalis Second (Immediate), Prostration	
/ h T	
Duration of Last Sickness, Mowing All the above information should be furnished by the Physician.	
Place of Burial, Western Cemeling	
Date of Burial, July 19, 188/ 10	D.
(Undertaker, Bernard Harre Medical Attendant.	
Place of Business, 1/5 18 Address, 4/8 & Jaca of	********

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Bealth Department, City	g of Baltimore.
Permit No. 14/1 Office of Begisterles pt X	ital Statistics. Ward
The Physician who attended any person in a law illness, is responsible to to the Undertaker or other person superintending the burieff within evenly four requested so to do, under penalty of law. No Permit for Buriat dan be Obtained without	hours after the death of said deceased, or sooner, it
CERTIFICATE OF	DEATH.
	7 1887
Full Name of Deceased, {Write legibly and spelf correctly. If an Infant not named, give names of parents.	s. In. Jones
Sex, Male or Female, {Cross out the word not required in this line.}	<i>x</i>
Age, 43 Years,	Months, Days
Color, Orhite	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, Carpente	Z
Birth Place, {State or country, and how long in the United States, if of foreign birth.	somd.
Duration of Residence in the City of Baltimore,	
Place of Death, (Give Street and) 1414 Balle	ry ave
Cause of Death, { First (Primary), Second (Immediate), Phisis	Pulmonalis
Duration of Last Sickness, 18 months All the above information should be furnished by the Physician.	eh s
Place of Burial, Char Hill Cemetery	
Date of Burial, July 20 1887	best & Lowe M. D.
J Undertaker, Hernard Haux	Medical Attendant.
Place of Business, 1/5 West St Address,	1019 Ligur 52.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physician	s is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certifica
Permit 10. 14/1/	Department, City of Baltimore. Office of Begistrar of Wings Statistics. Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,		Valy 18	=15	
Full Name of Dec	eased, {Write legibly and spell correctly. If an Infant not named, give names of parents. ale, {Cross out the word not } required in this line.}	Mo. 7.	Helmen	-
Age,	Years,	. Month	hs, Co	Days.
Color,	7		where	
Married, Single, V	Vidow or Widower, {Cross out the required in	e words not }		
Occupation,			1/	
Birth Place, State or long in if of for	country, and how the United States,			
	lence in the City of Baltin	nore,		
Place of Death, {G		1832 Ti	ght st	
Cause of Death,	First (Primary), Second (Immediate),	us chase	centuine	
Duration of Last	Sickness, Cus	day		
Place of Burial,	M Peters Cemeles	1		
Date of Burial,		1 1013		
(Undertaker, 12)	Medical Atten	M. D.
{ Place of Busin	ess, 1/5 West SIV	Address, U	1 Stauve,	5/7

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Date of Burial,

Undertaker,

Place of Business,

The Special Act	Cention of Thysronau	a to meshoresimil maner	of the but received	u wa maranê m	IN CO MISS OF D	BOUDON OIL PACE O	THE STREET
	Health	Departm	tent, (Lity 1	of Ba	ltimore	. ,,
The Physic out, to the Un-	cian who attended andertaker of other	Office of Reg	the burial,	f Vital	Statistic presentation of four hours af	of this Certificate ter the death of	4
	CER	TIFICA	A ER	OF	PROPER CER	TH.	B
	of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	} . Cear	olni	Thin	ch!	
Sex, Male of Age,	or Female, {Cro	Years,	6 h	with 1	Months,		Day
		or Widower, {Cross requi	out the words no ired in this line.	ot }	····>	/	
	e, {State or country, ar long in the United if of foreign birth.		elk.		1		
Duration of	f Residence in	the City of Balty	more,		, ,		
Place of D	eath, {Give Street a Number.	nd) Zna	uly &	107	6		
Cause of D		imary), CG	iaen	nal	<u>ر</u>		
All the abo		S,be furnished by the Physic			*		
Place of Re	arrial e Mi	- 22 M-	1 11	1 fre	m /		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address:

Poard of Health, Eity of Baltimore,

Permit No.

14/18

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately accurately out, to the undertaker or other person superintending the burish within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

The state of the s
Date of Death, Luly 1800 188
Full Name of Deceased, { Write legible and spell correctly. If an infant not named, give names of parents.
Sex, More or Female, {Cross out the word not }
Age, 87 Years, One Months, Days.
Color, Phile Sex, France
Married, Single, Widow or Widower, { Cross out the words not }
Occupation,
Birthplace, { State or country (and how of foreign birth. }
Duration of Residence in the City of Baltimore, 39 Grand
Place of Death, {Give street and} 1405 A. Exittae Clue
Cause of Death, { First (Primary,) Death Second (Immediate,) Expect of Ife
Duration of Last Sickness, Albert Caro
Place of Burial, Speltemer Comber 10.11
Date of Burial, July 20, 1887 A. Starton M. D. Medical Attendant.
(Undertaker, Henry Hoesh
Place of Business, 1023-K Centr ave Address / 301 N. Escaline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FOVER

The Special Attention of Physicians is Kespectiumy invited to the Kemark	as beion, and to hist of biseases on back of this see oreme
Bealth, Department, C	ity of Baltimore.
Permit No. 14 9 Office of Registrer 8)	Print Statistics. Ward
The Physician who attended any person in a last illness, is responsible to the Undertaker or other person superintending the burial, within twelf requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED W	ble for the presentation of this Certificate, accurately filled on the form hours after the death of said deceased, or sooner,
CERTIFICATE	DEATH.
Date of Death, July 18th 187	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names}	and Robinson
Sex, Male or Female, {Cross out the word not required in this line.}	/-/
Age, Years,	Months, 97 Day
Color, Prown	
Married, Single, Widow or Widower, {Cross out the words not required in this line.	}
Occupation.	. \
Birth Place, {State or country, and how long in the United States, if of foreign birth.	/ / / /
Duration of Residence in the City of Baltimore,	
Place of Death, {Give Street and } 546 Orce	
Cause of Death, { First (Primary), Gastrit Second (Immediate), Gastrit	ition
Duration of Last Sickness Low Co	n/s
Place of Burial, Marju	
Date of Burial, Ally 17, 1877	73 Gandage
(Undertaker Clow School Com	Medical Attendant.
Place of Business, 56/10 MANGE	424 h. Green &

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.